



## Certificate of Express Mailing

"Express Mail" Mailing Label Number: EL996731499US

Date of Deposit: 03/29/2006

Ref: Case Docket No.: P3392C1

First Named Inventor: Musa Hanhan

Serial Number: 10/806,725

Filing Date: 03/22/2004

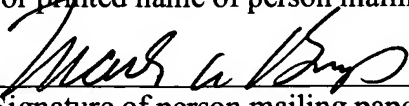
Title of Case: Method and Apparatus for Data-Linking a Mobile Knowledge Worker to Home Communication-Center Infrastructure

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Alexandria, VA 22313-1450

1. Response A.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Petition For Extension of Time
5. Check for fees in the amount of \$120.00.
6. Certificate of express mailing.
7. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing papers or fee)



03-31-06

1FW \$

Method of Transmission: EL996731499US

CASE DOCKET NO. P3392C1

In reference to application of Musa Hanhan

Serial No. 10/806,725

For Method and Apparatus for Data-Linking a Mobile Knowledge Worker to Home Communication-Center Infrastructure

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.
- ☐ Applicant claims Small entity status under 37 CFR 1.27.
- ☒ The fee has been calculated as shown below.

## \*\*\*\* CLAIMS AS AMENDED \*\*\*\*

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	10	Minus	** 20	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input checked="" type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 120.00
Total additional for claims, time extensions and disclaimer fees							\$ 120.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☒ A check in the amount of 120.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys  
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